

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J. G.		
O.I.P.E. CLASSIFIER			4/22/94
FORMALITY REVIEW		601615	5-11-94

INDEX OF CLAIMS

..... Rejected
 Allowed
 (Through numeral)..... Canceled
 Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Final	Original	Date
1	✓	✓	8/10/90
2	✓	✓	8/10/90
3	✓	✓	8/10/90
4	✓	✓	8/10/90
5	✓	✓	8/10/90
6	✓	✓	8/10/90
7	✓	✓	8/10/90
8	✓	✓	8/10/90
9	✓	✓	8/10/90
10	✓	✓	8/10/90
11	✓	✓	8/10/90
12	✓	✓	8/10/90
13	✓	✓	8/10/90
14	✓	✓	8/10/90
15	✓	✓	8/10/90
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36	✓	✓	8/10/90
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42	✓	✓	8/10/90
43	✓	✓	8/10/90
44	✓	✓	8/10/90
45	✓	✓	8/10/90
46	✓	✓	8/10/90
47	✓	✓	8/10/90
48	✓	✓	8/10/90
49	✓	✓	8/10/90
50	✓	✓	8/10/90

Claim	Final	Original	Date
51	✓	✓	8/10/90
52	✓	✓	8/10/90
53	✓	✓	8/10/90
54	✓	✓	8/10/90
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56	✓	✓	8/10/90
57	✓	✓	8/10/90
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79	✓	✓	8/10/90
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81	✓	✓	8/10/90
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97	✓	✓	8/10/90
98	✓	✓	8/10/90
99	✓	✓	8/10/90
100	✓	✓	8/10/90

Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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